

Preventive Health / Cancer Prevention & Treatment

Preventive Health Benefits

Immunizations protect you from certain diseases while regular health screenings may help you avoid others. Early detection could save your life by alerting you to your condition before it reaches an advanced stage.

The Aetna HRA, Premier HSA and Separation Medical Plans and the UnitedHealthcare Group PPO Plan, cover the following Preventive Services at 100% for care received in-network. These Preventive Services include but are not limited to immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention and evidence-based items or services that have in effect a rating of A or B in the recommendation of the U.S. Preventive Services Task Force (USPSTF). These Plans are in compliance with the USPSTF guidelines as required by Health Care Reform [Patient Protection and Affordable Care Act (PPACA)] and the Women’s Preventive Services Guidelines. If you go to an out-of-network provider, eligible medical expenses are subject to the annual deductible and coinsurance.

HMO and PPO Plans establish and provide their own preventive services guidelines.

Preventive Health Benefits for Men

| SERVICE OR IMMUNIZATION | BENEFITS COVERAGE SCHEDULE* |
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| Abdominal Aortic Aneurysm Screening | One per lifetime, ages 65-75 if ever smoked |
| Ambulatory Blood Pressure Monitoring | Once per plan year as recommended by physician |
| Chickenpox (Varicella) Immunization | As recommended by physician |
| Colonoscopy** or Sigmoidoscopy | One every five Plan Years beginning at age 45*** For family history, one every five Plan Years beginning at age 40**** |
| Digital Rectal Exam | One every Plan Year beginning at age 40 |
| Double Contrast Barium Enema (colorectal cancer screening) | One every five Plan Years beginning at age 50 |
| Eye Exam (including refraction) | One routine eye exam per Plan Year |
| Fecal Occult Blood Test | One every Plan Year beginning at age 50 |
| Haemophilus Influenza Type B (Hib) Immunization | As recommended by physician |
| Hearing Exam | One routine hearing exam or audiologic function test per Plan Year |
| Hepatitis A and Hepatitis B Immunizations | As recommended by physician |
| Hepatitis C Virus (HCV) Infection Screening | As recommended by physician |
| HIV Testing & Screening | As recommended by physician |
| Home Blood Pressure Monitors | Once per lifetime as recommended by physician |
| Human Papilloma Virus (HPV) Immunization | Ages 9-45 as recommended by physician |
| Immunizations for Travel | As recommended by physician |
| Influenza (Flu) Immunization | As recommended by physician |

| SERVICE OR IMMUNIZATION | BENEFITS COVERAGE SCHEDULE* |
|--|---|
| Lung Cancer Screening | One every Plan Year for age 55-79 tobacco smokers or those who have recently quit smoking |
| Measles, Mumps, Rubella (MMR) Immunization | As recommended by physician |
| Meningococcal Immunization | As recommended by physician |
| Physical Exam (including routine tests and lab work that are not for monitoring of a known medical diagnosis, as determined by the Service Administrator) | One every Plan Year |
| Pneumococcus Immunization | One dose for age 65 and older (prior to age 65, if five or more Plan Years have passed since the first dose) or as recommended by physician |
| Polio Immunization | As recommended by physician |
| Prostate Specific Antigen (PSA) Test | One every Plan Year beginning at age 50 |
| Screening and Counseling for Obesity, Misuse of Alcohol and/or Drugs and Use of Tobacco Products | As recommended by physician |
| Screening for Depression | One per plan year as recommended by physician |
| Shingles (Zoster) Immunization | As recommended by physician |
| Tetanus and Diphtheria (Td) Immunization | Boosters every 10 Plan Years |
| <p>* When the Benefits Coverage Schedule for a service or immunization is indicated "as recommended by physician," the service or immunization will be covered in accordance with Service Administrator guidelines.</p> <p>**The American Cancer Society recommends a preventive colonoscopy once every ten years.</p> <p>*** Age 45 Effective 3/1/19, prior to 3/1/19 minimum age is 50</p> <p>**** If member has a family history of colorectal cancer, one preventive or routine colonoscopy is covered every five Plan Years beginning at age 40. Claims must be submitted with a family history diagnosis code.</p> | |

Preventive Health Benefits for Women

| SERVICE OR IMMUNIZATION | BENEFITS COVERAGE SCHEDULE* |
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| Ambulatory Blood Pressure Monitoring | Once per plan year as recommended by physician |
| Bone Density Test | Once every Plan Year beginning at age 65; age 60 for women at increased risk for osteoporotic fractures |
| Breast Exam | One routine exam every Plan Year |
| Breastfeeding Support, Supplies and Counseling | 6 lactation counseling visits per rolling 12 months; Purchase of a breast pump (standard electric or manual) during pregnancy, adoption or after delivery, covered 1 per 3 years; Rental of a heavy-duty electric hospital-grade breast pump while newborn is in the hospital |
| Chickenpox (Varicella) Immunization | As recommended by physician |
| Chlamydia Screenings | As recommended by physician |
| Colonoscopy** or Sigmoidoscopy | One every five Plan Years beginning at age 45**** For family history, one every five Plan Years beginning at age 40***** |
| Contraceptive Methods*** and Counseling | As recommended by physician (2 per year limit) |
| Digital Rectal Exam | One every Plan Year beginning at age 40 |
| Double Contrast Barium Enema (colorectal cancer screening) | One every five Plan Years beginning at age 50 |
| Eye Exam (including refraction) | One routine eye exam per Plan Year |
| Fecal Occult Blood Test | One every Plan Year beginning at age 50 |
| Genetic Counseling and Evaluation for BRCA Testing | As recommended by physician; Genetic Testing for BRCA Related Cancer is preventive, precertification is required |

| SERVICE OR IMMUNIZATION | BENEFITS COVERAGE SCHEDULE* |
|---|---|
| Haemophilus Influenza Type B (Hib) Immunization | As recommended by physician |
| Hearing Exam | One routine hearing exam or audiologic function test per Plan Year |
| Hepatitis A and Hepatitis B Immunizations | As recommended by physician |
| Hepatitis C Virus (HCV) Infection Screening | As recommended by physician |
| HIV Testing & Screening | As recommended by physician |
| Home Blood Pressure Monitors | Once per lifetime as recommended by physician |
| Human Papilloma Virus (HPV) DNA Testing | Beginning at age 30, as recommended by physician |
| Human Papilloma Virus (HPV) Immunization | Ages 9-45 as recommended by physician |
| Immunizations for Travel | As recommended by physician |
| Influenza (Flu) Immunization | As recommended by physician |
| Lung Cancer Screening | One every Plan Year for age 55-79 tobacco smokers or those who have recently quit smoking |
| Mammogram | One baseline mammogram between the ages of 35 and 39; one every Plan Year beginning at age 40 |
| Measles, Mumps, Rubella (MMR) Immunization | As recommended by physician |
| Meningococcal Immunization | As recommended by physician |
| Pap Smear / Pelvic Exam | One every Plan Year |
| Physical Exam (including routine tests and lab work that are not for monitoring of a known medical diagnosis, as determined by the Service Administrator) | One every Plan Year |
| Pneumococcus Immunization | One dose for age 65 and older (prior to age 65, if five or more Plan Years have passed since the first dose) or as recommended by physician |
| Polio Immunization | As recommended by physician |
| Preventive Prenatal Care (including screening for gestational diabetes and maternal depression) | In conjunction with each pregnancy |
| Screening and Counseling for Domestic Violence, Obesity, Misuse of Alcohol and/or Drugs and Use of Tobacco Products | As recommended by physician |
| Screening for Depression | One per plan year as recommended by physician |
| Shingles (Zoster) Immunization | As recommended by physician |
| Tetanus and Diphtheria (Td) Immunization | Boosters every 10 Plan Years Boosters every 10 Plan Years |
| <p>* When the Benefits Coverage Schedule for a service or immunization is indicated "as recommended by physician," the service or immunization will be covered in accordance with Service Administrator guidelines.</p> <p>** The American Cancer Society recommends a preventive colonoscopy once every ten years.</p> <p>***Please note that non-Johnson & Johnson brand contraceptive drugs are covered at the normal coinsurance levels for prescription drugs.</p> <p>**** Age 45 Effective 3/1/19, prior to 3/1/19 minimum age is 50</p> <p>***** If member has a family history of colorectal cancer, one preventive or routine colonoscopy is covered every five Plan Years beginning at age 40. Claims must be submitted with a family history diagnosis code.</p> | |

Preventive Health Benefits for Children

| SERVICE OR IMMUNIZATION | BENEFITS COVERAGE SCHEDULE* |
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| Chickenpox (Varicella) Immunization | As recommended by physician |
| Contraceptive Methods** and Counseling for female patients | As recommended by physician |
| Diphtheria, Tetanus, Pertussis (DTaP) Immunization | As recommended by physician |
| Eye Exam (including refraction) | One routine eye exam per Plan Year |
| Haemophilus Influenza Type B (Hib) Immunization | As recommended by physician |
| Hearing Exam | One routine hearing exam or audiologic function test per Plan Year |
| Hepatitis A and Hepatitis B Immunizations | As recommended by physician |
| Human Papilloma Virus (HPV) Immunization | Ages 9-45 as recommended by physician |
| Influenza (Flu) Immunization | As recommended by physician |
| Lead Screening | As recommended by physician |
| Measles, Mumps, Rubella (MMR) Immunization | As recommended by physician |
| Meningococcal Immunization | As recommended by physician |
| Physical Exams (including routine tests and lab work that are not for monitoring of a known medical diagnosis, as determined by the Service Administrator) | <ul style="list-style-type: none"> • Seven visits up to age 1 • Three visits from age 1 up to age 2 • Two visits from age 2 up to age 3 • One visit every year from age 3 up to age 18 |
| Polio Immunization | As recommended by physician |
| Rotavirus Immunization | Infants to age 1 |
| Screening and Counseling for Obesity, Misuse of Alcohol and/or Drugs and Use of Tobacco Products; and Domestic Violence for female patients | As recommended by physician |
| Tetanus and Diphtheria (Td) Immunization | As recommended by physician |
| <p>* When the Benefits Coverage Schedule for a service or immunization is indicated "as recommended by physician," the service or immunization will be covered in accordance with Service Administrator guidelines.</p> <p>**Please note that non-Johnson & Johnson brand contraceptive drugs are covered at the normal coinsurance levels for prescription drugs.</p> | |

The preceding lists are the most common medical services that are considered preventive care under the Plan. Those with high-risk or family history are encouraged to talk with their health care provider about the guidelines to determine what services are appropriate preventive care.

Cancer Prevention & Treatment

Johnson & Johnson has implemented initiatives that reduce the risk of cancer, enable early diagnosis, facilitate better access to best-available treatments, and facilitate the discovery of more effective diagnostic tools and anti-cancer therapies. These preventive measures demonstrate a commitment toward improving the health and lives of individuals by maintaining a culture that fosters healthy lifestyles and provides support when a diagnosis of cancer becomes a reality.

Screening and Early Detection

Johnson & Johnson promotes and encourages appropriate cancer-screening tests and exams. The Aetna HRA, Premier HSA and Separation Medical Plans and the UnitedHealthcare Group PPO Plan provide coverage for preventive services that meet or exceed American Cancer Society (ACS) guidelines and are in compliance with the United States Preventive Services Task Force (USPSTF) guidelines as required by Health Care Reform [Patient Protection and Affordable Care Act (PPACA)] and the Women's Preventive Services Guidelines. If

you are enrolled in an HMO or PPO Plan, please contact your Plan's Member Services Department for information on coverage for preventive services.

Access to Quality Treatment and Clinical Trials

Cancer clinical trials, also called cancer treatment or research studies, test new treatments in people with cancer. The goal is to find better ways to treat cancer and help cancer patients. Clinical trials test many types of treatment such as new drugs, new approaches to surgery or radiation therapy, new combinations of treatments, or new methods such as gene therapy.

A clinical trial is one of the final stages of a long and careful cancer research process. Studies are done with cancer patients to determine whether promising treatments are safe and effective. Clinical trials contribute to knowledge and progress against cancer. If a new treatment proves effective in a study, it may become a new standard treatment that can help many patients. Of course, there is no guarantee that a new treatment being tested or a standard treatment will produce good results. But if a new treatment proves effective or more effective than standard treatment, study patients who receive it may be among the first to benefit.

There are several types of cancer clinical trials:

Treatment trials are conducted with people who have cancer. These trials test new treatments (like a new cancer drug, new approaches to surgery or radiation therapy, new combinations of treatments, or new methods such as gene therapy).

Prevention trials test new approaches, such as medicines, vitamins, minerals, or other supplements that doctors believe may lower the risk of a certain type of cancer. These trials look for the best way to prevent cancer in people who have never had cancer or to prevent cancer from coming back or a new cancer occurring in people who have already had cancer.

Screening trials test the best way to find cancer, especially in its early stages.

Diagnostic trials study tests or procedures that could be used to identify cancer more accurately at an earlier stage. These usually include people who have signs or symptoms of cancer.

Quality of Life trials (also called Supportive Care trials) explore ways to improve comfort and quality of life for cancer patients.

There are four phases of clinical trials, with each phase having a different purpose:

Phase 1 clinical trials: These are individuals who generally would not be helped by other known treatments. The purpose of a Phase 1 trial is to identify a safe dosage, to determine how the agent should be given (e.g., by mouth, IV, injection) and to observe how the agent affects the human body, that is, to identify any side effects.

Phase 2 clinical trials: The purpose of a Phase 2 trial is to determine if the treatment has an anticancer effect, that is, to determine if it is effective, and as with a Phase 1 trial, to continue to study and observe how the agent affects the human body, that is, to identify any side effects.

Phase 3 clinical trials: The purpose of a Phase 3 trial is to compare the new agent or treatment with the current standard.

Phase 4 clinical trials: The purpose of a Phase 4 trial is to further evaluate the long-term safety and effectiveness of a new cancer treatment.

To learn more about Clinical Trials and NCI Cancer Centers...

There are several other credible resources to find educational information on cancer including:

<http://www.clinicaltrials.gov>

<http://www.cancer.gov>

<http://www.phrma.org>

The following websites provide information on cancer centers that have been approved by the Commission on Cancer (CoC): College of Surgeon's Commission on Cancer (CoC) at www.facs.org/cancer/ or the National Cancer Institute (NCI): <http://www.cancer.gov/researchandfunding/extramural/cancercenters>

The Aetna HRA, Premier HSA and Separation Medical Plans and the UnitedHealthcare Group PPO Plan, and self-insured HMO Plans (Aetna HMO and Harvard Pilgrim HMO) provide coverage for qualifying clinical trials charges and access to quality cancer treatment. This coverage includes the cost of any services and supplies required solely for the provision of experimental drugs, devices, treatments, procedures, and monitoring the patient during the trial and treating any medical complications that are not covered by the trial.

This coverage also provides access to cancer treatment at Commission on Cancer (CoC) approved facilities and cancer centers designated by the National Cancer Institute (NCI) at <http://www.cancer.gov/researchandfunding/extramural/cancercenters>. For more information on benefit coverage, please call Member Services at the phone number on your Health Plan ID card and inform them of your or your covered dependent's participation in a qualifying cancer clinical trial.

If you are in a fully insured HMO Plan that does not provide coverage for qualifying clinical trials or a fully insured HMO Plan that does not provide access to cancer treatment at CoC approved facilities or NCI designated cancer centers, Johnson & Johnson will provide coverage through a third party claims payer. For more information, contact Aetna at 1-877-512-0363.

This document addresses only particular aspects of the benefits available under the Plans. Various limits, exclusions and other rules may apply to these benefits. For a more complete description of the available benefits, see the relevant Plan Details or Summary Plan Description (including any applicable Summary of Material Modifications) and, where applicable, insurance contracts and other official Plan Documents. In the case of any discrepancy, these more complete descriptions will govern. The Company reserves the right to amend, modify, revoke or terminate these Plans in whole or in part, at any time with or without notice. These Plans may be amended by or pursuant to a resolution adopted by the Pension and Benefits Committee or by such other means as the Pension and Benefits Committee deems appropriate.